

BP-A1002

MAY 15

Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation

U.S DEPARTMENT OF JUSTICE

Federal Bureau Of Prisons

Inmate Name: S [REDACTED], J [REDACTED]

Register Number: [REDACTED]

Institution: FCI Dublin

Date Incident Reported: 02-22-2022

The Program Statement Sexually Abusive Behavior Prevention & Intervention Program requires staff to immediately safeguard an inmate victim when sexually abusive behaviors have been reported. Accordingly, staff should assess and consider all appropriate alternatives for safeguarding alleged inmate victims. Placing an inmate in protective custody or transferring the inmate to another federal, state, or local correctional facility remain viable options to safeguard an inmate. However, staff must first consider other alternatives based on the circumstances of the allegation.

Instructions: Answer all of the questions below, if 'No' is selected, write in a justification for not utilizing the alternative. This form serves to document your consideration of all options. E-mail completed form to BOP-CPD/PREA COORDINATOR and file with the investigative case.

Safeguarding Options	Check Yes or No	If 'No' is Selected, Provide a Justification for <u>not</u> Utilizing the Alternative
Was the alleged victim reassigned to another housing unit within the institution?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Alleged victim was removed from the work detail being supervised by the alleged staff perpetrator.
If staff is the alleged perpetrator and sufficient basis exists, was he/she reassigned to another post at the institution or complex?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
If staff is the alleged perpetrator and sufficient basis exists, was he/she placed on administrative leave?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Was another alternative specific to the institution/location utilized? State the option:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Was the alleged victim transferred to another federal, state or local facility?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	
Was the alleged victim reassigned to Administrative Detention for protective custody?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	

Warden: L. William

Date: 02-28-2022

Prescribed by P5324